



DEPARTMENT OF CONSUMER AND  
WORKER PROTECTION (DCWP)  
42 Broadway  
New York, NY 10004

Dial 311 (212-NEW-YORK)  
nyc.gov/dcwp

## Request for Assignment

The Department of Consumer and Worker Protection (DCWP) has obtained a final decision or order that authorizes restitution, awards money damages, or provides equitable relief for you. You may request “assignment” of the part of the decision or order that applies to you so you can take steps to enforce it.

### Next Steps:

- You must use this form to request assignment of a decision or order.
- DCWP must receive your Request for Assignment form within 180 days of the date the final decision or order was issued.** The deadline may be extended if a judicial proceeding challenging the final decision or order is pending.

### Important:

- You may not request assignment if the Respondent(s) already complied with the decision or order and you already received restitution, money damages, and/or equitable relief.
- Submitting the form does not mean your request for assignment is automatically approved.
  - If your request is approved, DCWP will contact you or your representative at the mailing or email address listed below with information to execute the assignment agreement.
  - If your request is *not* approved, DCWP will contact you or your representative.

### Submission:

Submit your Request for Assignment form in one of two ways:

- Email the completed form to [AssignmentRequest@dcwp.nyc.gov](mailto:AssignmentRequest@dcwp.nyc.gov). **Make sure to include the Summons/Petition Number in the Subject line of your email.** OR
- Mail the completed form to: Department of Consumer and Worker Protection, Attn: General Counsel Division Judgment Team, 42 Broadway, 8th Floor, New York, NY 10004

<b>Summons/Petition Number:</b>			
<b>Consumer/Worker Information</b>		<b>Representative Information</b>	
Name:		Name:	
Mailing Address:		Mailing Address:	
City / State / ZIP Code:		City / State / ZIP Code:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
		Relationship to Consumer/Worker:	

Continued >

Check box:

I request that the final decision or order be assigned to me to the extent it authorizes restitution, awards money damages, or provides equitable relief for me.

I, [print name] \_\_\_\_\_, CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO SUBMIT THIS REQUEST FOR ASSIGNMENT AND THAT ALL INFORMATION INCLUDED ON THIS FORM IS TRUE. This certification shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

01/2023